



2016 COMMUNITY GARDENING PROGRAM REGISTRATION FORM

FOR OFFICE USE ONLY:

Date Received _____

Payment _____

Garden : WS or Butler

Plot # : _____

Season Extension : YES or NO

Primary Gardener

Name _____ Date of Birth _____

Mailing Address (please include ZIP) _____

City of Bloomington Resident? (circle one) YES or NO If you are unsure of your residency status, please call 349-3700.

Primary Phone _____ Secondary Phone _____

E-mail address (primary contact) _____

* **Why is your email address important?** The e-mail address you list above will be used as our primary method of contacting you as well as the method by which The Garden Beet newsletter will reach you. Please notify Garden Staff immediately if you change your e-mail address or lose e-mail access.

If you would prefer another method of communication for primary contact, please check the box below.

☐ I do not use e-mail. Please use phone number and address listed above to contact me.

Emergency Contact

Name _____ Relation to Primary Gardener _____

Primary Phone _____ Secondary Phone _____

Community Garden	Plot Size & Type	Registration Code	Price In City Non-City	# Plots	Total \$
Willie Streeter	Small Organic Approx. 100 sq. ft.	46501-A	\$37 \$44		
Willie Streeter	Large Organic Approx. 200 sq. ft.	46501-B	\$73 \$85		
Willie Streeter	Raised Bed Approx. 32 sq. ft.	46501-C	\$37 \$44		
Willie Streeter	Large Conventional	46501-D	\$73 \$85		
Butler	Small Organic Approx. 95 sq. ft.	46502-A	\$33 \$38		
Butler	Large Organic Approx. 140 sq. ft.	46502-B	\$51 \$59		

Method of Payment

☐ Cash (Do not mail cash)

☐ Check/Money Order

☐ Credit Card—Visa, MasterCard, or Discover

Card # _____

Expiration Date _____

Signature _____

Required if using credit card

Make check or money order payable to:

City of Bloomington Parks and Recreation

Submit Registration Form and Contract to:

City of Bloomington
401 N. Morton St., Ste. 250
Bloomington, IN 47404

New gardeners and returning gardeners renting a different plot(s) than they gardened in 2015 must register in person at the above address.

Returning gardeners renting the same plot(s) gardened in 2015 can mail their registration form and contract to the above address. (Must be received by 5 pm, Feb. 12)

To ensure gardening opportunities are available to all members of the Bloomington community, financial assistance is available for those in need to help cover garden plot rental fees. Please contact Lesilyn Neely at 349-3702 or neelyl@bloomington.in.gov for more information.

Include Your Voluntary Donation		Amount
<input type="checkbox"/> Garden Scholarship Fund		\$ _____
<input type="checkbox"/> Bloomington Tree Fund		\$ _____
<input type="checkbox"/> Youth Scholarship Fund		\$ _____
Total Enclosed		\$ _____



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Additional Gardeners *(those listed here need to sign on the Contract as well.)*

Name _____ E-mail address _____

Name _____ E-mail address _____

Name _____ E-mail address _____

Additional Plots

Gardeners may initially rent up to 400 sq. ft of plot space. Based on availability, interested gardeners may rent additional plots after May 1. Gardeners interested in renting additional plots should indicate how many, location, and size preference here. Gardening Program staff will contact you if additional plots are available.

Garden Check all that apply

☐ Willie Streeter

☐ Butler

Size Check all that apply

☐ Small

☐ Large

Type Check all that apply

☐ Organic

☐ Conventional

☐ Season Extension

of Plots: What is the maximum number of additional plots in which you are interested for the 2016 season?

Garden Leaders

Garden Leaders are participating gardeners who take on a leadership role by providing support for other gardeners and coordinating garden programs, events or projects. Please check all projects in which you are interested in participating or about which you are interested in receiving more information.

☐ Hosting additional Garden Hours during which tools in the garden shed are available for all gardeners to use

☐ Coordinating Plant a Row for the Hungry donations

☐ Helping prepare the gardens for opening day in the spring

☐ Assisting with volunteer group work days

☐ I have a great idea about how I can help out: _____

Inclusive Service Request:

Reasonable accommodations are needed to participate in above program(s) related to specific needs associated with a disability. If this is true for you, please indicate here by circling **YES** or **NO**. If you marked **YES**, please complete an Inclusion Assessment and the Inclusive Recreation Coordinator will contact you. We request at least two weeks notification for reasonable accommodations requests. *In some cases reasonable accommodations may take longer.*